



# Tennessee Nurses Foundation

## Maureen Nalle Memorial Graduate Nursing Scholarship Program

### General Information

The Maureen Nalle Memorial Graduate Nursing Scholarship is an educational scholarship for eligible Registered Nurses in the State of Tennessee who are continuing their education in graduate studies. This scholarship is provided through TNF's fundraising programs and contributions to the fund are tax deductible. Scholarships are awarded once a year in the amount of \$2000.

All requests for scholarships shall be made on the Maureen Nalle Memorial Graduate Nursing Scholarship Program Application form available from the Tennessee Nurses Foundation, (TNF's contact information is below), or you can download the forms as a PDF file from the Maureen Nalle *Memorial Graduate Nursing Scholarship Program* application link at TNA's website, [www.tnaonline.org](http://www.tnaonline.org). Click the *Tennessee Nurses Foundation* link on the home page and then click the scholarship program's link or click *TNF Initiatives* from the list to view all the initiatives TNF has to offer. Approval for granting scholarships shall rest with the Tennessee Nurses Foundation Board of Trustees. Applicants must complete the application, have satisfactory references and agree to the terms of this scholarship request. The number of scholarships will be determined by the estimated need /qualifications of the individual applicants and the amount of funds available. A personal interview with the applicant may be requested by the Tennessee Nurses Foundation Board of Trustees.

### Eligibility Criteria

1. Applicant must be enrolled in a program of study in an accredited institution of higher education that would enable the nurse to make a greater contribution to nursing.
2. Applicant must have been a continuous member of TNA for at least one year prior to the scholarship application.
3. Applicant shall be a resident of or employed in the State of Tennessee.
4. Applicant to submit plan for use of funds.

### Post Scholarship Recipient Criteria

1. Documentation and receipts of how awarded scholarship funds have been spent. Submit to TNF within 30 days from the beginning of the semester.

### Application Process

1. Complete the Maureen Nalle Memorial Graduate Nursing Scholarship Program Application Form.
2. Submit proof of acceptance from institution of higher education.
3. Submit plan for use of funds.
4. Submit reference from current employer or, if in school, from dean/director of school.
5. **Submit 2 letters** of recommendation, one of which is a TNA member.

NOTE: For help locating a TNA member, TNA District Board member contact information is at [www.tnaonline.org](http://www.tnaonline.org) under *District Associations*.

### Selection Criteria

Applications are reviewed once each year. The submission deadline is ~~November 4~~. **Deadline extended until February 1, 2019**. Preference shall be given to the following:

1. Financial need
2. Leadership potential
3. Sustained active TNA membership



# Tennessee Nurses Foundation

## Maureen Nalle Memorial Graduate Nursing Scholarship Program

### Scholarship Application

Date \_\_\_\_\_

#### BACKGROUND

Name \_\_\_\_\_  
First Middle Last Credentials

Home address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

How long have you been a member of the Tennessee Nurses Association? \_\_\_\_\_ TNA District # \_\_\_\_\_

RN License Number: \_\_\_\_\_ TNA Membership Number: \_\_\_\_\_

#### EDUCATION

Degree \_\_\_\_\_ Certification \_\_\_\_\_

#### EMPLOYMENT INFORMATION

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State Zip

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Previous Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State Zip

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

#### PROGRAM DETAILS AND SPECIFICS

I am a graduate of \_\_\_\_\_ School of Nursing. Year Graduated \_\_\_\_\_

I have been accepted into the \_\_\_\_\_ School of Nursing  
Graduate program

Program will begin on \_\_\_\_\_. Expected date for completion of course is \_\_\_\_\_

**PROGRAM DETAILS AND SPECIFICS – Continued**

List of expenses you plan to cover with scholarship and time span involved (i.e. one semester, calendar year, etc.)

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List all other sources of funding you now have or have applied for covering the time span involved. Indicate status of request, (I.E. granted for September 20\_\_\_; denied; pending receipt of federal funding, etc.)

<u>Source</u>	<u>Amount Requested</u>	<u>Status of Request</u>
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**OPINIONS**

1. Briefly describe how completion of this educational program will enable you to make a greater contribution to nursing.

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2. Describe plans for your career following completion of this program.

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3. How will your attainment of this degree benefit nursing in Tennessee in the future?

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**Please enclose the following:**

Please do not submit application without required documents attached. The submission deadline is ~~November 4~~. **Deadline extended until February 1, 2019.**

- Letter of acceptance from college nursing program
- Letter of reference from current employer or, if in school, from dean/director of school.
- Two personal letters of recommendation, one of which is a TNA member. NOTE: For help locating a TNA member, TNA District Board member contact information is at [www.tnaonline.org](http://www.tnaonline.org) under *District Associations*

**Mail or Fax to:**

Tennessee Nurses Foundation • 545 Mainstream Drive, Suite 405 • Nashville, TN 37228-1296  
Fax: 615-254-0303 • Questions: 615-254-0350 or email [tnf@tnaonline.org](mailto:tnf@tnaonline.org)